# Application - Hall County-EMPG FY2022

Draft



#### **Application Summary**

This form outlines all project details, including Scope of Work, all costs, and location worksheets.

Title: Hall County- EMPG FY2022

**Total Project** 

\$100,000.00

Cost:

**Eligible Amount:** \$100,000.00

**Federal** 

\$50,000.00

Allocated

**Amount:** 

Funding Federal - \$50,000.00

**Sources:** State - \$50,000.00

Local - \$0.00

**FEMA** Federal Number - < no value >

**Obligation Data:** 

#### **Workflow Summary**

**Current Step:** 1) Application Creation

**Description:** State creates Application

**Draft** 

#### Grant

# 2022 Emergency Management Performance Grant

Emergency Management Performance Grant

Start Date: October 1, 2021 End Date: September 30,

2024

CFDA Number: 97.042

#### **Applicant**

## **Hall County EMA**

Name (Legal): Hall County Emergency Management Agency Hall County

UEI: FIPS:

FEIN #: 58-6000836 Vendor # (Applicant):

0000014610

DUNS #: 78124617 Type:

**EMERGENCY** 

MANAGEMENT AGENCY

Physical: Post Office Box

907730

Gainesville, GA, 30501 Mailing: Post Office Box 907730 Gainesville, GA

30501

Gainesville, GA, 30501

### Introduction

## **Summary Information**

Grant: 2022 Emergency Management Performance Grant

Project Type: EMPG Base Award

Title: Hall County- EMPG FY2022

Used to help identify the Project. Ex: "Jurisdiction - Project Name".

This application contains
Work Activity and Costs in the following areas:

Program Participants:

Personnel

Hold Ctrl key to select multiple areas. More Info

Hall County

Gainesville

Oakwood

Flowery Branch

Lula

Clermont Gillsville Braselton Buford

List all jurisdictions that are participants in your emergency management program. Identify any jurisdictions that have joined or withdrawn from your program in the last year.

Local Goals / Objectives for this EMPG Grant:

EMPG Funds will be used to supplement the local EMA budget for EMA staff salaries

Completion of the annual work plan.

Continual improvement and development of county-wide all hazards plans.

Conduct and participate in required exercises.

Continue to support local school districts with their preparedness plans.

For example: enhance warning systems, direction & control, etc.

**Primary Contact:** 

Casey Ramsey - Director of Emergency Management/Homeland Security

Edit

Email Address: cramsey@hallcounty.org

Phone: 770-519-2418

Alternate Contact			
Alternate Contact:	Joy Walker - Grants Administrator		
	Edit		
	Email Address: joywalker@hallcounty.org		
	Phone: 770-535-8274		
Authorized Contact:	Casey Ramsey - Director of Emergency Management/Homeland Security		
	Edit		
	Email Address: cramsey@hallcounty.org		
	Phone: 770-519-2418		
Emergency Management	Casey Ramsey - Director of Emergency Management/Homeland Security		
Director:	Edit		
	Email Address: cramsey@hallcounty.org		
	Phone: 770-519-2418		
Grant Financial Officer:	Wesley Geddings - Financial Services Director		
	Edit		
	Email Address: wgeddings@hallcounty.org		
	Phone: 770-718-5724		
Project Details			
Do you anticipate using	No		
EMPG Funds towards			
projects that involve new			
construction or installation of equipment, E.g. generators,			
alarm systems, etc?			
Do you anticipate using EMPG Funds towards	No		
projects that effect or involve			
modification of buildings or			
structures 50 years old or			
older?			

Do you anticipate using EMPG Funds towards	No				
projects for the installation of new communication towers, or the replacement of existing communications towers?					
Project Description:	Funding will supplement the salary of an existing emergency management employee. This employee will assist in the completion of the objectives mentioned previously in this application.				
	Provide a complete project description. The project description should contain a summary of what specific action is proposed, where it is proposed, how it will be implemented. Include a brief description of the objectives the project is designed to accomplish (the purpose), and the reason the project is needed. If multiple sites are involved, provide the summary for each site.				
Project Location					
Address Line 1:					
Address Line 2:					
City:					
State:	GA - Georgia				
Zip Code:					
Latitude:					
Longitude:					

## **Base Award Payment Request**

Under penalty of perjury, I certify that to the best of my knowledge and belief that all requirements of the 2021 Performance Partnership Agreement (PPA) with the Georgia Emergency Management & Homeland Security Agency have been satisfied. I hereby request payment of the 2022 EMPG Base Award to cover expenses for the period of Oct 1, 2021 through Sep 30, 2024.

Signed by Casey Ramsey on Nov, 9, 2022 (clear signature)

## **Mailing Address**

Address Line 1:	PO Box 907730				
Address Line 2:					
City:	Gainesville				
State:	GA - Georgia				
Zip Code:	30501				
Federal Funding Accou	untability and Transparency Act Certification (FFATA)				
You shall report the names and total compensation of each of the five most highly compensated executives for the preceding completed fiscal year, if:					
a. in the sub-grantee's pre	ceding fiscal year, the sub-grantee received				
i. 80 percent or more of its annual gross revenues from Federal procurement contracts (and subcontracts) and					
Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards);					
and					
ii. \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts), and					
Federal financial assistance subject to the Transparency Act (and subawards); and					
b. The public does not have access to information about the compensation of the executives through periodic					
reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or					
section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation					
information, see the U.S. Security and Exchange Commission total compensation filings at					

http://www.sec.gov/answers/execomp.htm.)

No

Are all of the above

statements true?

## **Risk Assessment**

Agency Tax Status?	Other					
, igame, ram crames	Other					
Please specify:	Local County Government					
Agency Fiscal Year:	July- June For example: July-June or Jan-Dec					
Legal name of the entity to which the FTIN was assigned:	Hall County, GA					
Does the Physical Address on file match your address as listed on SAM.gov?	Yes					
Is the Mailing Address on file correct?	Post Office Box 907730 Gainesville Georgia 30501  Yes					
Has your organization been audited in the past 12 months?	Post Office Box 907730 Gainesville, GA 30501 Gainesville Georgia 30501  Yes, by an outside audit firm					
Is your organization required to have a single audit conducted in accordance with the Single Audit Act (sub recipient expends \$750,000 or more in federal assistance during its fiscal year)?	Yes					

Has the A-133 single audit been submitted to primary	Yes
pass through Party?	
Who was the audit sent to?	Georgia Department of Audits
What date was the audit sent?	Dec 30, 2021
Did the organization have significant audit findings from your last single audit regarding program noncompliance?	No
If the single audit has not yet been conducted, when will this be completed?	Sep 22, 2022
What type of accounting system do you use?	Automated
Does your organization have written policies and	Yes
procedures for checks and	

balances of all fiscal

transactions?

Does your organization maintain for inspection all the books, documents, payroll papers, accounting records and grant files pertaining to sub grant agreements and contracts for a period of three years after the close of the sub-grant?

Is the DUNS number on file for your organization correct?

Yes

Yes

DUNS Number: 78124617

Has the DUNS number been registered with the System for Award Management (SAM) at SAM.gov?

Yes

**Expiration Date:** 

Jul 15, 2023

### Costs

## **Fund Allocation**

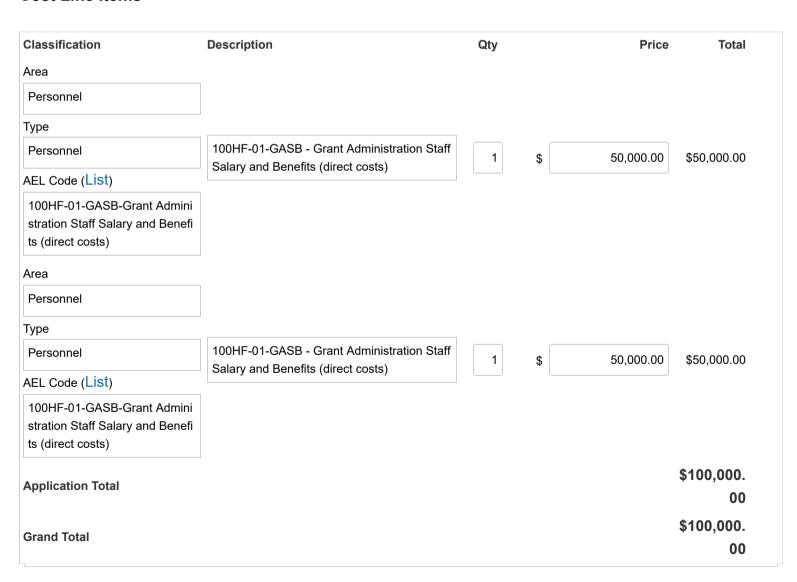
Federal Allocated Amount: \$50,000.00

The EMPG program requires a 50/50 match, which means that in order to be awarded the full allocated amount, the cost for this project must be no less than \$100,000.00. If your total project cost is less than this amount, you will only be awarded up to 50% of your total project cost.

Total Project Cost: \$100,000.00

Balance: \$0.00

#### **Cost Line Items**



Federal Allocation: \$50,000.00

Submitted to Date: \$0.00

Available Balance: \$50,000.00

## **Funding Sources**

Method:

By Percent
By Amount

Funding Source /
Other Agency

Local Non-Federal Funds

Estimated Federal Share: 50 % \$50,000.00

Estimated State Share: 50 % \$50,000.00

Estimated Local Share: 0 % \$0.00

Total Allocated: 100 % \$100,000.00

# **Documentation**

Document Name: Actions:

Certification re: Lobbying, Debarment, Suspension, and

Drug Free Workplace